## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

plication No.

10/664,039

pplicant Filed

STOCKSTILL, JOHN W.

Title

**SEPTEMBER 17, 2003** 

COMBINATION INTERPROXIMAL DENTAL STRIPPER

Art Unit

3732

:

Examiner

WILSON, JOHN J.

Atty Docket No.

MCOG-0002-UT1

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

The below-identified communication(s) is (are) submitted in the abovecaptioned application or proceeding:

 $\boxtimes$ **Application Fee Transmittal** 

Credit Card Payment Form (PTO-2038)  $\mathbf{X}$ 

 $\boxtimes$ Petition for 2-Month Extension of Time

Notice of Appeal  $\mathbf{X}$ 

 $\times$ Pre-Appeal Brief Request for Review

 $\mathbf{X}$ The Commissioner is hereby authorized to charge payment of any fees

associated with this communication, including fees under 37 C.F.R. §§ 1.16 and 1.17 or credit any overpayment to Deposit Account Number 10-0233-

MCOG-0002-UT1.

Respectfully submitted,

Registration No. 33,057

Customer No. 22,506

JAGTIANI + GUTTAG

Democracy Square Business Center 10363-A Democracy Lane Fairfax, Virginia 22030 (703) 591-2664

November 30, 2006

## Patent Fee Transmittal NOV' 3 0' 2006 For FY 2006 Applicant(s) Clame Small Entity Status 37 C.F.R. 1.27 TOTAL MASONT OF PAYMENT \$475.00

10/664,039 Application No. Filing Date 17-Sep-03 STOCKSTILL, John W. Named Inventor Examiner Name WILSON, John J. 3732 Art Unit MCOG-0002-UT1 Attorney Docket No.

FEE CALCULATION																			
1. Filing Fees Large Entity Small Entity							2. Extra Claim Fee												
Application Type Description		Code (\$)	Code	(\$)	Paid		a. Claims as l	iled				Extra	Larg	e Entity	Sma	I Entity	1		
	Basic	1011 3	2011	150	\$ -	]						Claims	Code	(\$)	Code	(\$)		Paid	
Utility	Examination	1311 2	00 2311	100	\$ -	]	Total Claims		0	- 20	= [	0 x	1201	5	0 2201	25	\$	-	
	Search	1111 5	00 2111	250	\$ -		Independent		0	- 3	= [	0 x	1202	20	0 2202	100	\$	-	
	Basic	1012 2	2012	100	\$ -		Multiple Depende	nt		_			1203	36	0 2203	180	\$	-	
Design Examination Search		1312 1	30 2312	65	\$ -	]	b. Claims as A	\mende	ed_								_		
		1112 1	2112	50	\$ -			After				Present	Larg	e Entity	Sma	l Entity			
	Basic	1013 2	2013	100	\$ -	] ]		Amnt	Hig	ghest F	Paid	Extra	Code	(\$)	Code	(\$)		Paid	
Plant	Examination	1313 10	2313	80	\$ -	] [	Total Claims	0	ŀL	0 .	٠	= 0 x	1201	5	0 2201	25	\$		
	Search	1113 3	00 2113	150	\$ -	] [	Independent	0	] - [_	0	**	= 0 x	1202	20	0 2202	100	\$_	-	
	Basic	1014 3	2014	150	\$ -	] ]	First Presentation						1203	36	2203	180	\$	-	
Reissue	Examination	1114 60	0 2114	300	\$ -	] [	* Less	han 20, ente	nn 20, enter 20 ** Less than 3, enter 3				_						
	Search	1314 50	0 2314	250	\$ -	IJ [	3. Extra Paç	ge Fee					La	rge Entity					
Provisional	Basic	1005 20	2005	100	\$ -	]	Total Page:	es Extra Pages					Code	(\$)	Code	(\$)	L	Paid	
·	Basic		2631	150	\$ -	]	0				x	1081	25	2081	125	\$			
National Stage	Examination	1	0 2633	100		J I	Subtotal for	Appli	•	_	ees								
	Search	1632 50	0 2632	250	\$ -	J	1 \$	-	+ 2	2 \$		+	. 3	\$	-	= \$		•	
4. Additional Fees		Large Entity	Sm	all Entity	-								La	rge Entity	Sr	nall Entity			
Description		Code (\$)	Code	(\$)	Paid			Descr	iption (d	cont.)			Code	(\$)	Code	(\$)		Paid	
Extension for response first month		1251 12	2251	60	\$ -	]	Recording eac	h Assignr	nent				8021	40	8021	40	\$	-	
Extension for response second month		1252 45	0 2252	225	\$ 225		Submission of	IDS					1806	180	1806	180	\$	•	
Extension for response third month		1253 1,02	0 2253	510	\$ -		Request for Co	nt. Exam	ination	(RCE)	)		1801	790	2801	395	\$	-	
Extension for response fourth month		1254 1,59	0 2254	795	\$ -	]	Filing Submiss	ion After	Final				1809	790	2809	395	\$		
Extension for response fifth month		1255 2,16	0 2255	1,080	\$ -		Surcharge - late filing fee or oath					1051	130	2051	65	\$	-		
Notice of Appeal		1401 50	0 2401	250	\$ 250		Surcharge - late provisional fee						1052	50	2052	25	\$		
Filing a Brief in Support of an Appeal		1402 50	0 2402	250	\$ -		Non-English Specification						1053	130	1053	130	\$	-	
Request for Oral hearing		1403 1,00	0 2403	500	\$ -		Processing Fee 37 CFR 1.17(q)						1807	50	1807	50	\$	-	
Petitions under 1.17(f)		1462 40	0 1462	400	<b>S</b> -	]	Request for Ex Parte Reexamination					1812	2,520	1812	2,520	\$	-		
Petitions under 1.17(g)		1463 20	0 1463	200	\$ -		Request Pub. of SIR prior to action					1804	920	1804	920	\$	-		
Petitions under 1.17(h)		1464 13	0 1464	130	\$ -		Request Pub. of SIR after action					1805	1,840	1805	1,840	\$			
Petition - public use proceeding		1451 1,51	0 1451	1,510	\$ -		Each Add. Invention Examined					1810	790	2810	395	\$			
Petition to Revive - Unavoidable		1452 50	0 2452	250	\$ -		Expedited Examination (Design)				1802	900	1802	900	\$				
Petition to Revive - Unintentional		1453 1,50	0 2453	750	\$ -		Unintentionally	Delayed	Priority	Claim	1		1453	1,370	1453	1,370	\$	-	
Utility Issue Fee		1501 1,40	0 2501	700	\$ -		Certificate of Correction					1811	100	1811	100	\$			
Design Issue Fee		1502 80	0 2502	400	\$ -	1	Maintenance Fees 3.5 years				1551	900	2551	450	\$				
Plant Issue Fee		1503 1,10	2503	550	\$ -	1	Maintenance Fees 7.5 years					1552	2,300	2552	1,150	\$	-		
Reissue Issue Fee		1511 1,40	2511	700	\$ -	1	Maintenance Fees 11.5 years					1553	3,800	2553	1,900	\$	-		
Publication Fee		1504 30	1504	300	\$ -	İ	Surcharge - La	e Payme	nt 6 mo	os.			1554	130	2554	65	\$	-	
Statutory Disclaimer		1814 13	2814	65	\$ -		Other fee								•		\$	-	
				_	(cont.)								dditio	nal Fee S	ubtota	al 4 \$		475	
														$\equiv$					
METHOD OF PAYMENT (Check all that apply)						_	Submitted by:												
✓ Credit Card	information and authoriz	mation and authorization on PTO-2038)					Name Mark J. Guttag						Reg. No.			33,057			
✓ Deposit Acco	10-0233-MCOG-0002-UT1				-	Firm Jagtiani + Guttag Address 10363-A Democracy Lane,													
For the above identified describe account the Director's house and				-	ddress					racy Lane									
For the above-identified deposit account, the Director is hereby authorized to:  To charge the above-identified fee.					Ľ	Telephone 703.591.2664 Fax 703.591.5907									17				
To charge any additional fees which may be required under 37 CEP																			
☑ 1.16, 1	1.17, 1.18, 1.20 ai	nd 1.492 or credit	any over	payment to	o the		0n	J (1	10	H	#								
deposit account number listed above.							- [/	iart_	<u>L</u> Y~	4	W.	4	<u>/</u> .	No.	vemb	er 30, 20	J6		
			S	igujatu	16	•					Date		,						